DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING

October 21, 2021 | 3:00 – 5:00 PM

THIS MEETING IS BEING RECORDED

Department of Health Care Finance | Remote Meeting

AGENDA

- **Call to Order**
  - Virtual Meeting Processes
  - Roll Call
  - Announcement of Quorum
  - New Member Introduction
  - HIE Policy Board Announcements
- **Q&A on DHCF HIT/HIE Ongoing Projects**
- **District Designated HIE Entity – CRISP Report to the Board**
- **Introduction to Advance Care Planning Project and Demonstration of A|D Vault**
- **HIE Policy Board Subcommittee Workplan Reports**
- **Public Comments**
- **Announcements / Next Steps / Adjournment**

Virtual Meeting Processes

To increase engagement, turn on your video

Mute your microphone upon entry, and until you're ready to speak

Use the chat function to introduce yourself: Name, Title, Organization

Putting your phone on hold, due to an incoming call, may disrupt the meeting

Speak up, and speak clearly

Voting on a recommendation will require you to say **your name followed by either 'aye' 'nay' 'abstain'**

Roll Call

Meeting Objectives

1. Review and questions on staff slides related to DHCF health IT and HIE projects
2. Review and discuss the District Designated HIE Entity's updates to the Board on its governance and business model
3. View a demo of the A|D Vault tool and discuss how it is being implemented for the DC HIE Advance Care Planning Project
4. Discuss and provide feedback on subcommittee reports and tactics on current activities and projects

Welcome to the Board!

Elizabeth Ghandakly, JD, MPA, MBE

- Earned a JD and Master of Public Administration from The Ohio State University
- Earned a Master of Bioethics from Johns Hopkins University
- Currently a fourth-year medical student at The George Washington University
- Served an appointment to the City of Alexandria Public Health Advisory Commission from 2016-2018
- Worked as a Public Health Advisor to a Virginia State Delegate
- Past Chapter President of the American Medical Student Association
- Served as a member of the Volunteer Services Advisory Council at Children's National Hospital
- As an attorney, she practiced corporate law at both IBM and Oracle, focusing on government contracts and regulatory and privacy matters.
- Graduated from The Ohio State University with a dual degree in Economics and Political Science and an Arabic minor, including a semester abroad at the University of Damascus in Syria

Board Seat: Public member, DC Medical Society

HIE Policy Board Announcements

- Three(3) open Board seats
- Call for subcommittee co-chairs

Q&A on DHCF Digital Health Projects

Connor Ratchford, MD
Policy Analyst

Nathaniel Curry, BS
Project Analyst

Nina Jolani, MS
Division Director

Eduarda Koch, MS, MBA
Project Manager

Deniz Soyer, MBA, MPH
Project Manager

Ian Dodoo, MHA
Project Manager

- **Allocated Time: 3:05- 3:25 PM (20 mins.)**

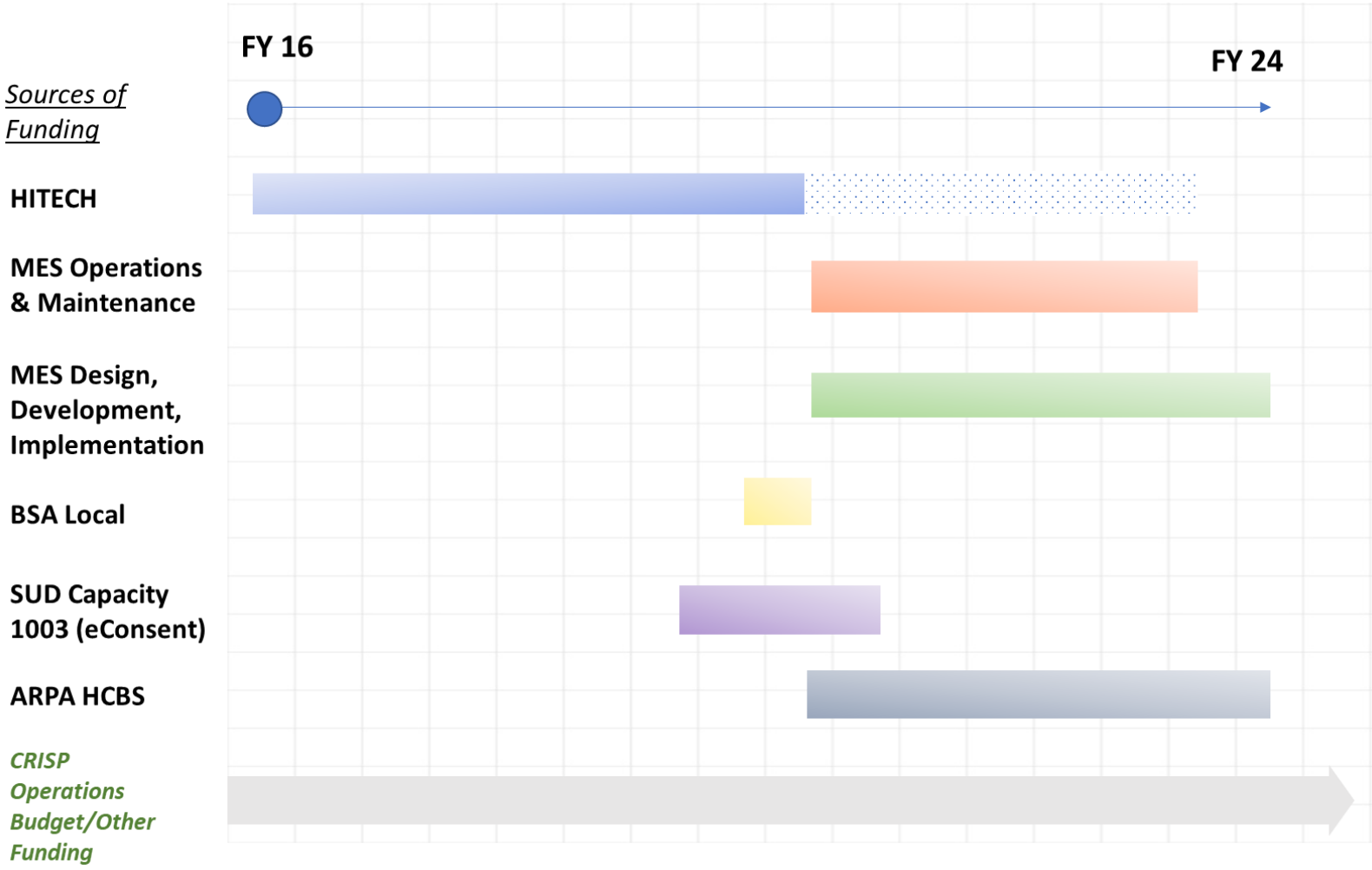
Digital Health Project Updates, October 2021

- New staff introductions (Connor)
- Transition from HITECH to MES/MMIS – continuation of projects in FY 22 (Nina)
- State Medicaid Health IT Plan (Deniz)
- Key Announcements:
  - CMS MES IAPD
  - SUD Consent Management No Cost Extension
  - Digital Health Technical Assistance
- Q&A on Slides

New Staff Introductions

- Connor Ratchford, MD
  - Position within HCRIA: Digital Health Policy Analyst
  - MPH candidate in Health Policy at The George Washington University, class of 2022
  - Earned a Doctor of Medicine from the Medical College of Georgia, class of 2019
  - Earned a Bachelor of Science in Biochemistry with a minor in German from the University of Georgia, class of 2015

DHCF's Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES/ARPA



The DC HIE is a Health Data Utility with Six (6) Reliable Core Capabilities for Providers

Critical Infrastructure (e.g. Encounters and Alerts)

- ADT Alerts
- Health Records
- Patient Snapshot
- Image Exchange

Advanced Analytics for Population Health Management

CRISP Reporting Services

Performance Dashboards
Phase I:
-Pay for Performance
Phase II:
-Maternal health
- Behavioral Health

Registry and Inventory

Care Management Registry

Community Resource Inventory

Advance Care Planning

Simple and Secure Messaging

Provider Directory

>31,000 contacts from 251 organizations

Includes data from: **-12 national sources**
- 20 DC/Local Data sources

Consent to Share Data

Consent to Share SUD DATA

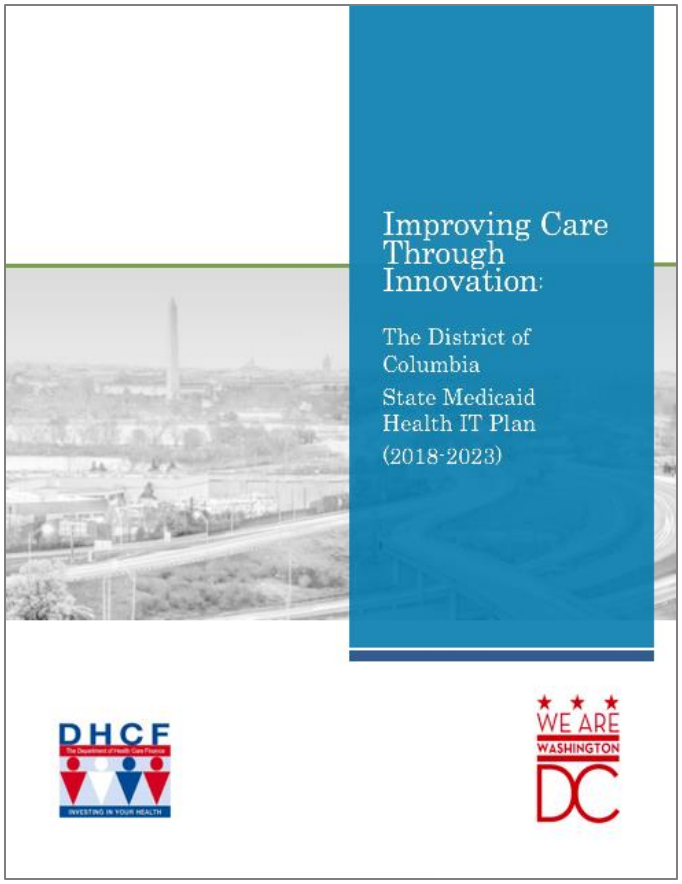
-42 CFR Part 2 Data (Phase I)
- Other types of consent (Phase II)

Screening and Referral (e.g., SDOH)

eReferral Screening

-Mapped screening data for housing and food insecurity eReferral
- Analytics for follow-up

2018 State Medicaid Health IT Plan has served as DHCF's 5-year strategic plan for health information exchange and technology



- » Opportunities to Improve Health Care
- » Current Landscape of Health IT and HIE
- » Stakeholder Perspectives and Priorities
- » Health IT and HIE Roadmap
  - District health IT and HIE goals
  - Priority Areas/Use Cases
    - Supporting Transitions of Care
    - Social Determinants of Health
    - Population Health Management
    - Public Health
    - Telehealth
    - Behavioral Health Transformation
  - Proposed projects and timeline
- » Evaluation Framework to Measure Health IT and HIE Improvements

DHCF has been working with JSI and DCPCA to prepare its 2022 SMHP Submission to CMS

- Describe how the health IT and HIE landscape has changed since the original SMHP environmental scan
- Assess the impact of HITECH and other DHCF efforts over the past 3 years
- Describe stakeholder priorities for the next few years to enhance the use of health IT and HIE in the District.
- Update DHCF's plan for the future of health IT and HIE initiatives

Engaged broad group of District stakeholders through interviews and focus groups in Summer 2021

41 interviews conducted

- Hospitals/health systems
- Provider organizations
- HIE entities
- Government agencies
- Technical assistance providers
- MCOs
- Community coalitions, and other stakeholders

8 focus groups conducted

- HIE Policy Board
- Independent providers, MEIP, emergency telehealth program participants
- Social Determinants of Health/DC PACT members
- Behavioral health providers
- MCO Case Managers
- Patients/Consumers
- MCAC Health System Redesign Subcommittee
- FQHC Clinical Directors Peer Group
- CPC HIE Operating Committee

Digital Health
Project Background Slides

DC HIE: Due to Strategic Investments Made Over the Past 5 Years, The District is Connected

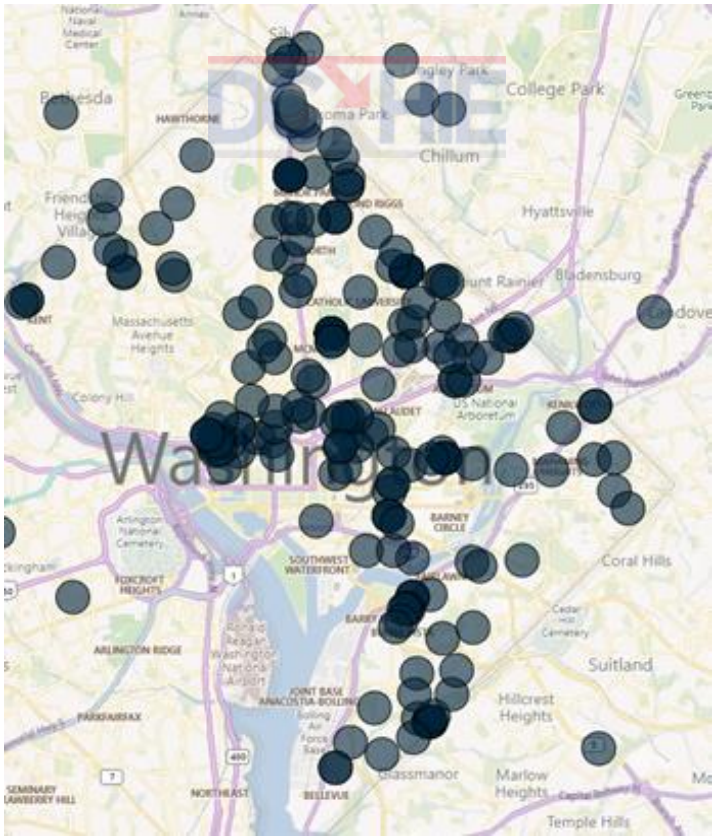
Major Providers and Health Systems are Connected:

- 8 Hospitals
- 39 Nursing Facilities; 31 Home Health Providers
- 8 Federally Qualified Health Centers (all)
- 35 Behavioral Health Providers

DC HIE Use at a Glance (as of October 2021)

- **CRISP DC Users:** 12,689
- **Patient Care Snapshot (Monthly Query)**
  - 1,212 users
- **Encounter Notification Services access**
  - 610 locations
- **Sharing Admit, discharge, transfer**
  - 292+
- **Sharing Clinical care documentation**
  - 224+

DC HIE Connectivity: DC and beyond the borders of the District



CoRIE Project Supports Whole Person Care by Connecting Health and Social Services through the DC HIE

- **CoRIE project will enable data sharing among health system stakeholders to address individuals' social determinants of health (SDOH) by:**
  - Screening for social risks,
  - Lookup through a centralized community resource inventory (CRI),
  - Enabling referrals to appropriate services, and
  - Using analytics to ensure residents' needs are being met

- **CoRIE project takes a vendor agnostic approach** by using the DC HIE as a place where screening referral information can be shared and displayed regardless of how it was collected.

- **Over 100 representatives** from healthcare systems, managed care organizations, government agencies, coalitions/multi-stakeholder groups, community-based organizations **are actively engaged in informing the development of the CoRIE Project components**.
  - CBO Design Group (informing the general design of the referral platform and CBO analytics)
  - Community Resource Inventory (CRI) Action Team (developing and testing CRI)
  - Standardization Action Team (standardizing screening and referral information)
  - *NEW HIE Policy Board CRI Subcommittee* (developing governance standards)

The CoRIE Ecosystem: Connecting health and social service providers without requiring a single technology platform

Providers, MCOs, and health system stakeholders collect social needs information from patient

They have 3 pathways to capture and send actionable information, such as screening dispositions and referrals

Use 3rd Party SDOH Network Platforms to send screening and referral data

aunt bertha

NOW POW

UNITE US

Use CRISP SDOH direct-entry tools to capture screening and referral data

- community resource inventory
- Screening tool
- e-Referral tool

CRISP DC

Community Based Organizations:

- Receive and send referrals;
- Communicate with referring person
- View screening dispositions

Export Screening Dispositions and Referrals Made Directly to CRISP (CSV extracts, z-codes from CCDs)

Significant progress has been made on the CoRIE Project Components in FY21

CRI	• **CRI prototype of ~500 records** is available through live, publicly accessible website: http://dc.openreferral.org • Orgs can also **retrieve CRI contents via API connection** as well as **contribute batch uploads:** http://api.dc.openreferral.org • 2 **District agencies (DACL, CJCC) actively testing the CRI** prototype to manage their own domains and inventory data • **CRI deployed into CRISP** testing environment**,** expected to be live in ULP end of Oct '21
SDOH Screening	• **Four (4) organizations –** MedStar hospitals (WHC, GUH, NRH) and Carefirst MCO – **contributing SDOH screening and assessment data.** • **Five (5) FQHCs** piloting **sending ICD-10 diagnosis codes for SDOH (z-codes) that have been mapped** to existing screeners • Actively documenting screening responses and results using z-codes within EHR progress note which is then transmitted to the DC HIE. • Active in **national SDOH standardization effort** led by the Gravity Project. • Discussions underway with key stakeholders to agree upon a **minimum set of common screeners for housing, nutrition, and behavioral health**. • **Two (2) 3rd party vendors** (Aunt Bertha, Mahmee) signed MOU to display screening data

Social Needs Referrals	• Initial pilot conducted with Gerald Family Care in late 2020.
	  • More than **70 referrals** sent to Giant Nutrition for *Virtual Services for Heart Health, Prediabetes and Diabetes, and Healthier You.*
	  • Ability to tracking follow-up to nutritional counseling services and view follow up notes
	• **Twelve (12) organizations** are now using the CRISP referral tool.
	• In July, **Aunt Bertha and CRISP signed an MOU to display referral history** from AB in DC HIE starting with MedStar hospitals.

DC HIE Connectivity closeout and overall accomplishments, Continued

- Since its inception, the DC HIE Connectivity Program has provided **TA/education to 311 Provider Organizations,** including 52 Meaningful Use/Promoting Interoperability Provider Organizations in connecting to the DC HIE.

- **Under DHCF's 1115 waiver and Behavioral Health Transformation Rule, IMD providers are required participate in the DC HIE**
  - **As of July 12, 2020, all Institutes of Mental Diseases** had participation agreements with CRISP DC, receiving appropriate alerts on their patients. This includes Psychiatric Institute of Washington and St. Elizabeth Hospital.

- **Children's HealtheIntent Integration.**
  - CRISP integrated with Children National Hospital's HealtheIntent HIE. This data is now visible in CRISP to providers participating in the DC HIE.
  - **As of July 13, 2021, 62 providers** were able to achieve full bidirectional exchange with HIE through this integration.

Electronic Consent Management Solution being Piloted and Implemented with several DC HIE Participating Organizations

In FY 21 DHCF in partnership with CRISP DC developed a consent management solution in accordance with the top requested features to:

- *Capture patient consent at the site level to share treatment information to improve care coordination between SUD providers and other providers*
- *Provide an eConsent solution to ease workflow burden on SUD treatment providers to obtain consent and disclose information*
- *Reduce workflow times with searchable patient consent history*
- *Ease patient concern on the use and access of their data with flexible consent options and expiration date*

Phase 1 Accomplishment

- *Eleven SUD and FQHC pilot sites implemented the consent tool and received training on additional CRISP services*
- *CRISP DC engaged key stakeholders for technical requirements and further refinements to align with current provider workflows*
- *100 patient consents registered as of October 19, 2021.*
- *Approval of no-cost extension for FY22 continuation.*

FY22 Consent Strategy Based on Client Feedback & Lessons Learned
• Develop strategy for CRISP leadership to engage leadership at SUD sites to improve adoption and use. • Enable telehealth attestation for patient signature to support increase in telehealth services resulting from COVID-19 • Expand consent features to share and access SUD treatment information (treatment plan, labs, notes, etc.) to improve care across the care team. • Enable HIPAA authorization to support patient-directed data sharing with non-covered entities. • Utilize ARPA technical assistance program and Digital Health Corps to provide on-site technical support services.

Enhance the Adoption and *Meaningful Use* of Electronic Health Records

- The Promoting Interoperability (PI) Program is a federally funded program, that incentivizes eligible providers (EPs) and Eligible Hospitals (EHs) who have adopted, implemented, upgraded (AIU), or demonstrated meaningful use (MU) of Certified Electronic Health Record Technology (CEHRT) in ways that aim to improve quality, safety, and effectiveness of patient-centered care. DHCF launched the District's Medicaid Promoting Interoperability Program in 2013 with targeted Technical Assistance Services to ensure successful program participation. Since inception, provider enrollment has nearly tripled, as have the total amount of distributed incentives.

- Through targeted technical assistance services, including but not limited to support in navigating the cloud-based state-level registry system required for participation purposes and providing knowledgeable program support, **over 200 providers attested for the Program Year 2021.**

- **The final year for participation in the PI Program was Program Year 2021.** No more attestations will be accepted at this time. Thank you for your participation in the program for the past several years!

PI Stage/Program Engagement	# of Eligible Professionals (EP)	# of Eligible Hospitals (EH)
Adopt, Implement or Upgrade (AIU)	264	5
MU	546	10
Total	810	15

District Designated HIE Entity – CRISP Report to the Board

- **Presenter:** Mr. Ryan Bramble, Executive Director, CRISP DC
- **Allocated Time:** 3:25-3:45 PM (20 mins.)

CRISP DC

CRISP Report to the DC HIE Policy Board

October 21st, 2021

1140 3rd St. NE
Washington, DC 20002
833.580.4646 | info@crisphealth.org
dc.crisphealth.org

Designation Activities

CRISP DC

Ensuring our continued growth and sustainability

- CRISP D.C. is taking steps to ensure that the important work we have been doing over the past 4 years can last long into the future

- There are 3 ways we are making that happen
  1. Through the growth of CRISP Shared Services to other state-wide HIEs sharing a common technology platform

  2. Through a restructuring of CRISP DC into an independent, non-profit, D.C. business

  3. Through partnership with DHCF and CMS to designate components of the HIE as operational modules within the Medicaid Management Information System (MMIS)

Operational Updates

CRISP DC

CRISP DC Project Updates

- Consent Grant
  - More than 100 42 CFR Part 2 SUD-sharing consents have been captured
  - Soon – telehealth compatible version of the consent form will be released
- Lead Registry
  - Held a public webinar on the DOEE/CRISP integration efforts
- Chronic Absenteeism Reduction Effort
  - Project is continuing into this school year and has been expanded to additional schools and pediatric offices within Children's National

CRISP DC Project Updates

- Lead Registry
  - Held a public webinar on the DOEE/CRISP integration efforts
- Unified Landing Page Transition
  - In January and February CRISP DC will be migrating its web-based users to a new web-based access portal. This portal will be easier to use and have an improved interface
  - Users will need to set a new password but will continue to have one login to access CRISP DC services
  - Communication and Webinars will be sent out in the coming weeks

New Partnership

CRISP DC

CRISP DC is excited to partner with UDC and Howard University to help build a DC Public Health IT workforce

- UDC lead a successful response to a federal ONC grant to fund the development of a Public Health IT (PHIT) workforce
- CRISP DC is a partner in the grant award and will work with UDC and Howard to provide real-life on the job experience working in Health IT
- Additionally, we are providing some curriculum related to interoperability and HIE to the UDC healthcare workforce training program

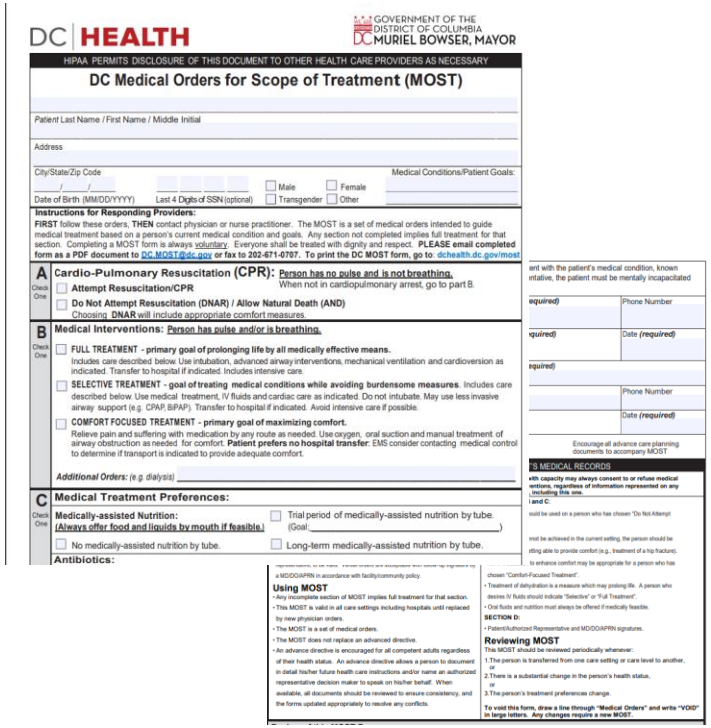
The DC HIE Advance Care Planning Project

- **Presenter:** Mr. Ian Dodoo, Management Analyst, DHCF; Mr. Michael Munoz, A|D Vault, Inc.
- **Allocated Time:** 3:45-4:15 PM (30 mins.)

Digitizing Advance Care Planning & Making them Accessible via the DC HIE

The Grantee (CRISP Inc) shall be responsible for developing the infrastructure for electronically exchanging advance directives and electronic Medical Orders for Scope of Treatment forms District-wide, via DC HIE and ensure collaboration with the Department of Health (DC Health) to achieve the objectives of the electronic Medical Order for scope of Treatment Registry Amendment Act of 2019, effective March 10, 2020 (D.C. Law 23-62; D.C. code 21-2221.14a).

DC Health eMOST Form



DC HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

HIPAA PERMITS DISCLOSURE OF THIS DOCUMENT TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

DC Medical Orders for Scope of Treatment (MOST)

Patient Last Name / First Name / Middle Initial

Address

City/State/Zip Code

Medical Conditions/Patient Goals:

Date of Birth (MM/DD/YYYY) Last 4 Digits of SSN (optional) Male Female Transgender Other

Instructions for Responding Providers:

FIRST follow these orders, **THEN** contact physician or nurse practitioner. The MOST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a MOST form is always voluntary. Everyone shall be treated with dignity and respect. **PLEASE email completed form as a PDF document to DC.MOST@dc.gov or fax to 202-671-0707. To print the DC MOST form, go to: dchealth.dc.gov/most**

A Check One — **Cardio-Pulmonary Resuscitation (CPR):** Person has no pulse and is not breathing.

- Attempt Resuscitation/CPR — When not in cardiopulmonary arrest, go to part B.
- Do Not Attempt Resuscitation (DNAR) / Allow Natural Death (AND) — Choosing DNAR will include appropriate comfort measures.

B Check One — **Medical Interventions:** Person has pulse and/or is breathing.

- **FULL TREATMENT - primary goal of prolonging life by all medically effective means.** Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.
- **SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures.** Includes care described below. Use medical treatment, IV fluids and cardiac care as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care if possible.
- **COMFORT FOCUSED TREATMENT - primary goal of maximizing comfort.** Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer:** EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.

Additional Orders: (e.g. dialysis)

C Check One — **Medical Treatment Preferences:**

Medically-assisted Nutrition: (Always offer food and liquids by mouth if feasible.)

- Trial period of medically-assisted nutrition by tube. (Goal: _____)
- No medically-assisted nutrition by tube.
- Long-term medically-assisted nutrition by tube.

Antibiotics:

ent with the patient's medical condition, known ntative, the patient must be mentally incapacitated

equired) Phone Number

quired) Date (required)

equired)

Phone Number

Date (required)

Encourage all advance care planning documents to accompany MOST

'S MEDICAL RECORDS

eth capacity may always consent to or refuse medical entions, regardless of information represented on any including this one.

and C:

ould be used on a person who has chosen "Do Not Attempt

ment be achieved in the current setting, the person should be

rting able to provide comfort (e.g., treatment of a hip fracture).

to enhance comfort may be appropriate for a person who has

chosen "Comfort-Focused Treatment".

• Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Selective" or "Full Treatment".

• Oral fluids and nutrition must always be offered if medically feasible.

SECTION D:

• Patient/Authorized Representative and MD/DO/APRN signatures.

Reviewing MOST

This MOST should be reviewed periodically whenever:

1. The person is transferred from one care setting or care level to another, or
2. There is a substantial change in the person's health status, or
3. The person's treatment preferences change.

To void this form, draw a line through "Medical Orders" and write "VOID" in large letters. Any changes require a new MOST.

a MD/DO/APRN in accordance with facility/community policy.

Using MOST

- Any incomplete section of MOST implies full treatment for that section.
- This MOST is valid in all care settings including hospitals until replaced by new physician orders.
- The MOST is a set of medical orders.
- The MOST does not replace an advanced directive.
- An advance directive is encouraged for all competent adults regardless of their health status. An advance directive allows a person to document in detail his/her future health care instructions and/or name an authorized representative decision maker to speak on his/her behalf. When available, all documents should be reviewed to ensure consistency, and the forms updated appropriately to resolve any conflicts.

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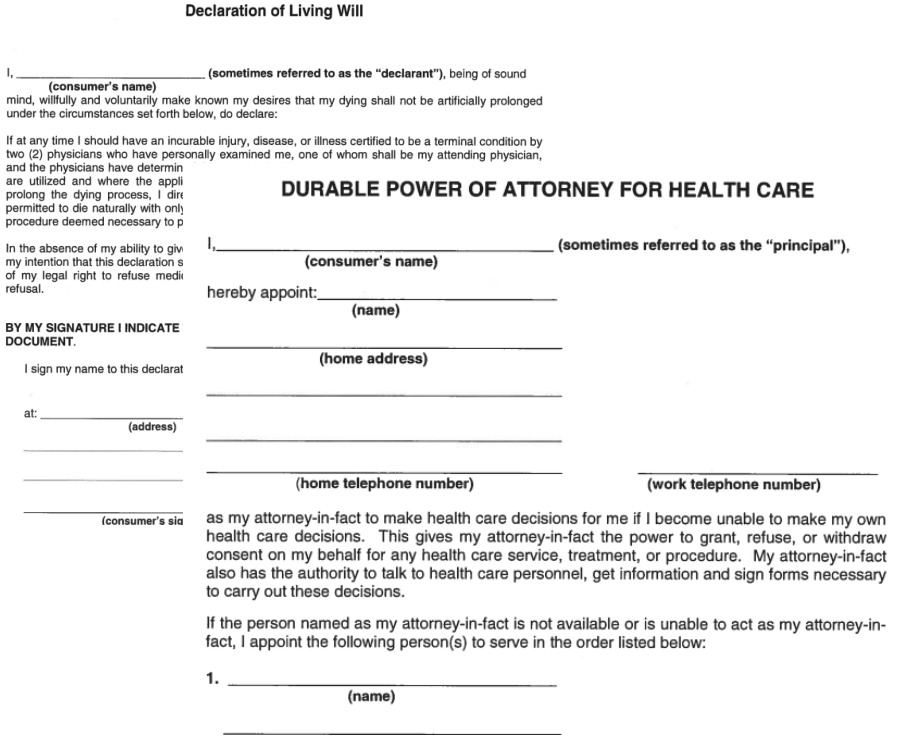
DBH Psychiatric Advance Directives



Declaration of Living Will

I, _____ **(sometimes referred to as the "declarant")**, being of sound
(consumer's name)
mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, do declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two (2) physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determin
are utilized and where the appli
prolong the dying process, I dir
permitted to die naturally with only
procedure deemed necessary to p

In the absence of my ability to giv
my intention that this declaration s
of my legal right to refuse medi
refusal.

BY MY SIGNATURE I INDICATE
DOCUMENT.

I sign my name to this declarat

at: _____
(address)

_____
_____
_____
(consumer's sig

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _____ **(sometimes referred to as the "principal"),**
(consumer's name)

hereby appoint: _____
(name)

_____
(home address)

_____

_____

_____ _____
(home telephone number) **(work telephone number)**

as my attorney-in-fact to make health care decisions for me if I become unable to make my own health care decisions. This gives my attorney-in-fact the power to grant, refuse, or withdraw consent on my behalf for any health care service, treatment, or procedure. My attorney-in-fact also has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions.

If the person named as my attorney-in-fact is not available or is unable to act as my attorney-in-fact, I appoint the following person(s) to serve in the order listed below:

1. _____
(name)

_____

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/515.1%20TL-282.PDF

Key Reports and Legislations Supporting Advance Care Planning in the District

1. **eMOST Legislation**:
   "**Sec. 21-2221.14a.** Establishment of an electronic medical orders for scope of treatment registry.
   "**(a)** To facilitate the use of cloud-based technology for electronic Medical Orders for Scope of Treatment ("MOST") Forms, the DOH shall issue a request for proposals from and contract with an electronic MOST service or multiple electronic MOST services to connect with health care providers at the point of care ***through the State-designated health information exchange.***

2. Enable Recommendation 5 of the **"Mayor's Commission on Healthcare Systems Transformation"** Report
   - DBH with DC Health develop a training program to train facilitators in working with mentally ill persons in developing Psychiatric Advance Directives (PAD)
   - Implement the program in community settings including community mental health providers, shelters, day programs, and hospitals. ***PADs and MOST forms should be captured electronically and shared among providers through the District's health information exchange.***

What is the solution proposed for Advance Care Planning?

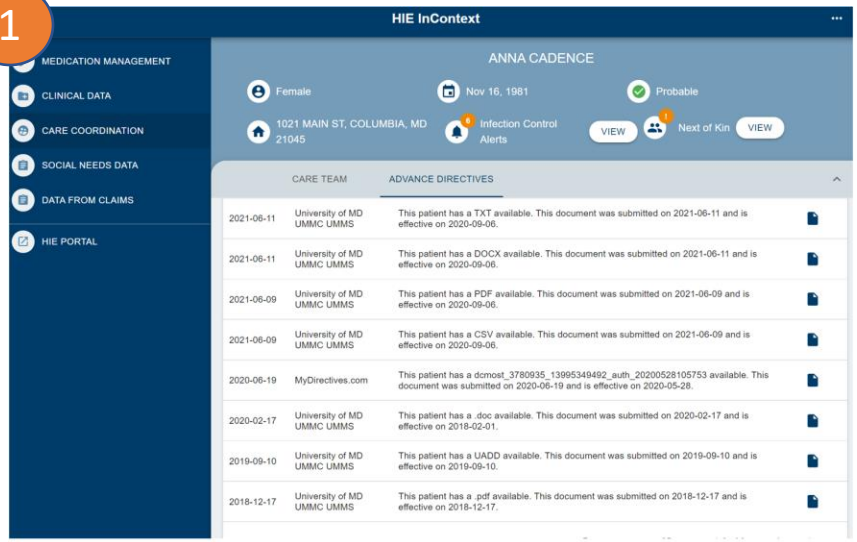
1. Implement A|D Vault's MyDirectives for Clinicians tool for a group of District providers, allowing them to upload advance care planning documents at the point of care.

2. Implement the A|D Vault API solution with eClinicalWorks for Federally Qualified Health Centers (FQHC's) that participate in the Capital Partners In Care (CPC) Health Information Exchange.

3. Implement the A|D Vault API solution for behavioral health providers utilizing the Credible EHR.
4. Train providers and staff to use A|D vault tools and develop user guides, resource materials, etc.
5. Evaluate the ease of use, utility, and number of eMOST and Psychiatric Advance Directive forms completed in FY22.

Where are the Advance Care Planning Forms seen in CRISP?

1



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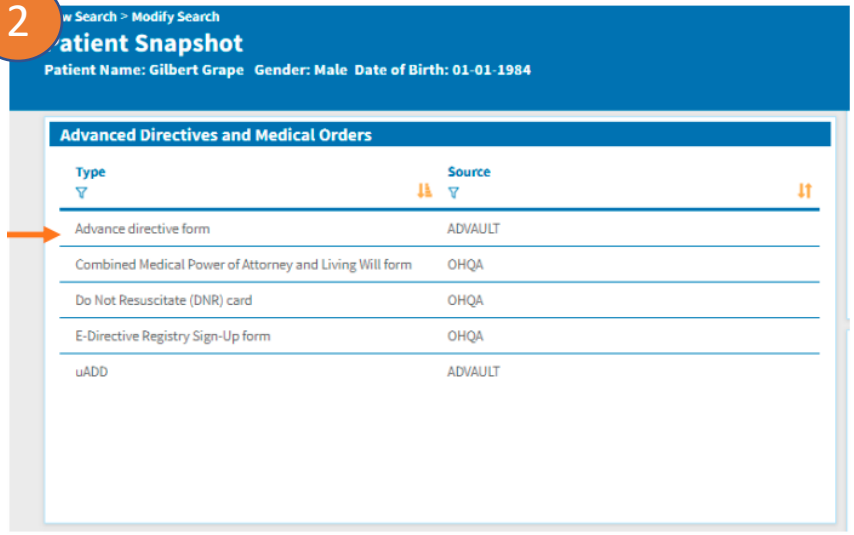

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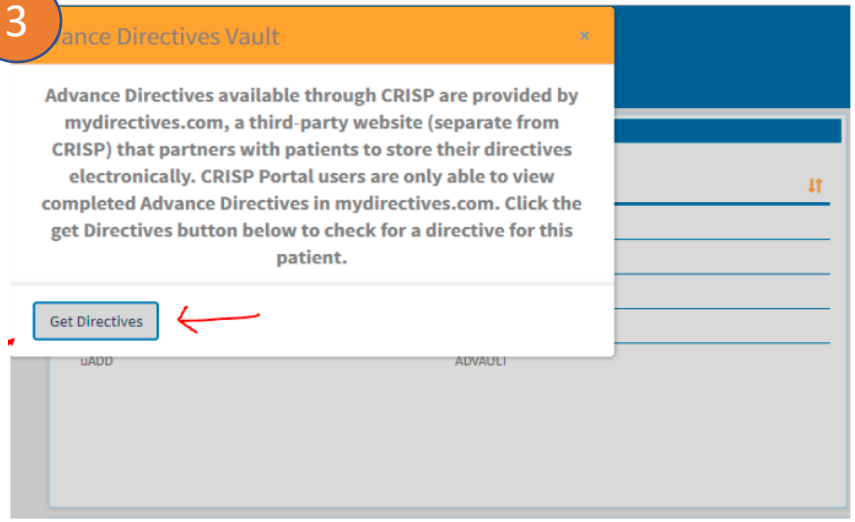

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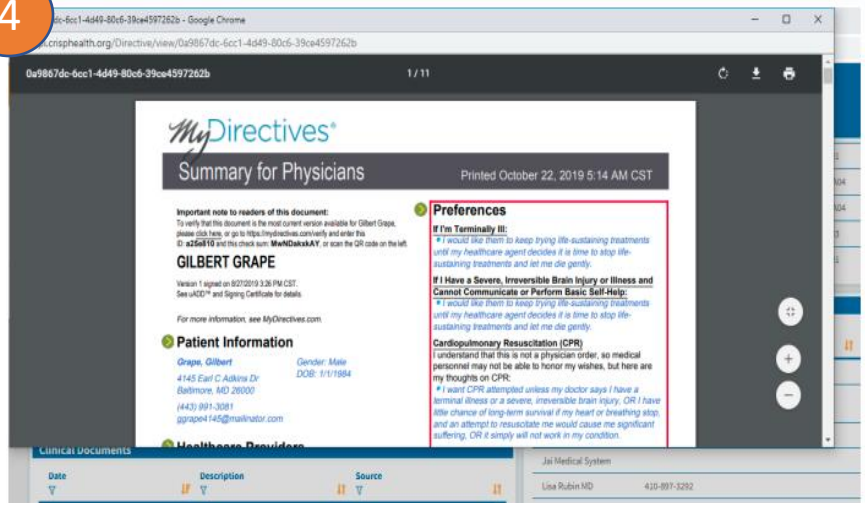
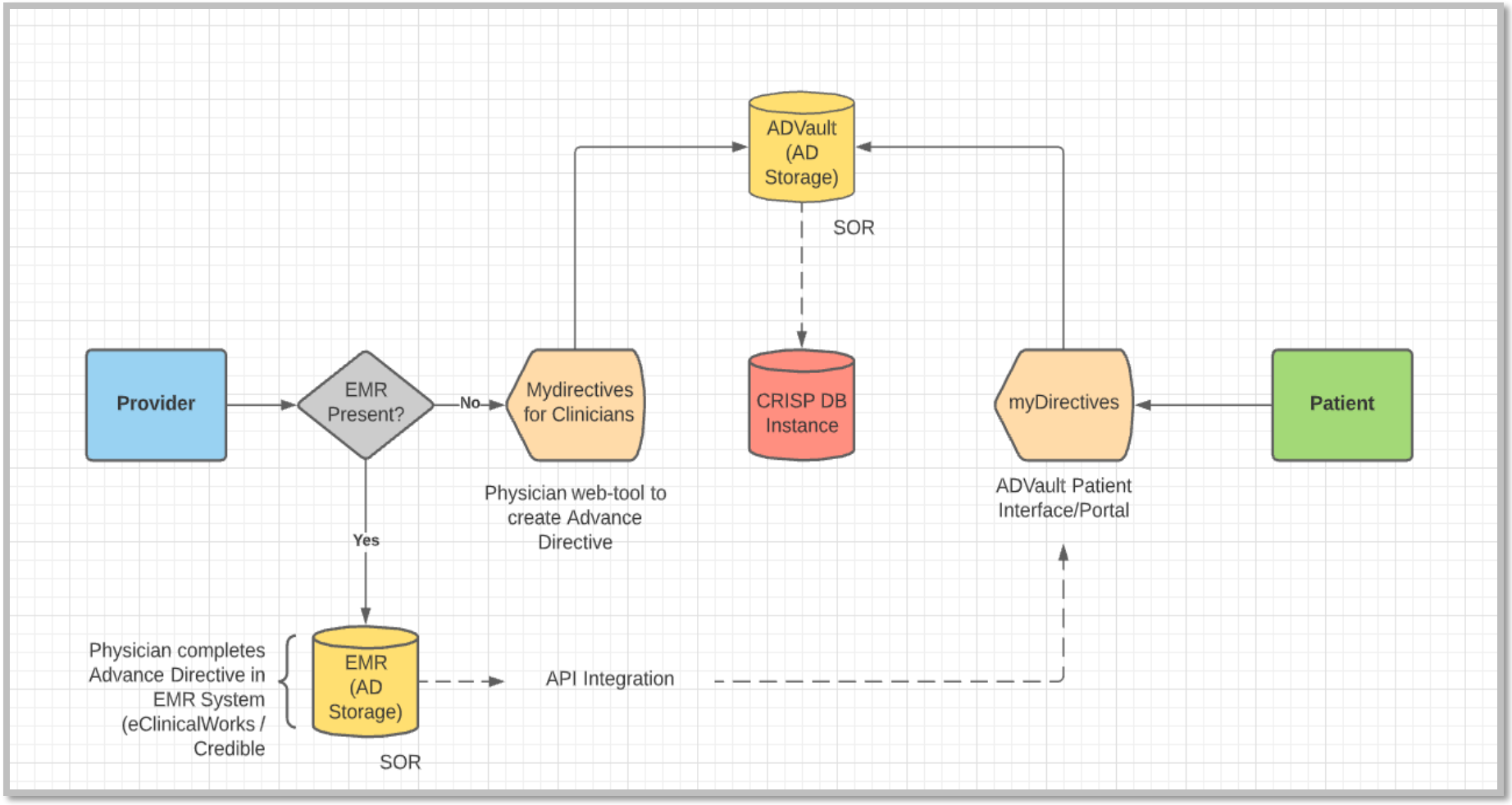


Key Investments to Support FY 22 Advance Care Planning

FY 21 Investments	Investment Outlook for FY22
Purchased through DHCF BSA Advance Directives/eMOST Grant	**With support from local funds transfer from DOH and DHCF's IAPD CMS 90/10 match**
A|D Vault Technology Purchase • 940 MyDirectives for Clinicians licenses ***(prepaid for FY22)*** • 11 API Connections (10 eClinicalWorks and 1 Credible) • 3 MyDirectives.com Branding Pages	***A|D Vault / Technology Purchase*** • 60 MyDirectives for Clinicians ***(Total licenses FY 21/22 =1000)*** • 5 Hospital Orgs with API Integration • New Form Developments • CRISP Interface Updates • 2 MyDirectives Branding Pages ***(Total of 5)*** ***Marketing / Technical Assistance*** • Marketing campaign with social media engagement, marketing brochures, and email campaign. • Staff to support outreach and engagement with provider sites • Technical assistance with "boots on the ground" to train providers on methods of incorporating advance directives into current workflows and provide technical support as required.

How will data flow between Providers, CRISP, and A|D Vault?



A|D Vault Demo

HIE Policy Board
Subcommittee Reports

Presenter: Subcommittee Chairs

Allocated Time: 4:15-4:45 PM (30 mins.)

Operations, Compliance, and Efficiency (OCE) Subcommittee

Transitions of Care: Contract Pilot Highlights

Pilot	The plan for the pilot was to identify patients from the CBOs that were inpatients at the pilot hospitals and learn about the discharge planning processes, communication channels used to include CRISP, and information needs for continuing care post-discharge *No identifiable patient information was presented or discussed during conversations. For specific patient care issues, DCHA facilitated introductions of hospital staff and CBO staff when needed to ensure that follow on conversations could be held.
Activity	Preparatory calls were held with each hospital's discharge coordinator, representatives from CRISP, and the CBOs to outline how CRISP resource is used, how patients who are admitted and have services provided by the CBOs are identified. During a 1-week sprint daily huddles were conducted to determine how CRISP was used and identify barriers through an iterative interaction with clarifying questions about the information needs for care coordination
Finding Highlights	-Wide variation in familiarity with information exchange practices -High degree of use of CRISP data for planning purposes prior discharge -It would be helpful to be able to code/sort for behavioral vs medical admission and to easily sort by ED visit/admission -Availability of data can be impacted by when data is documented versus when triggered to be sent to CRISP (e.g., immediate, daily, triggered by an event)

DC CRS Readmissions Reports

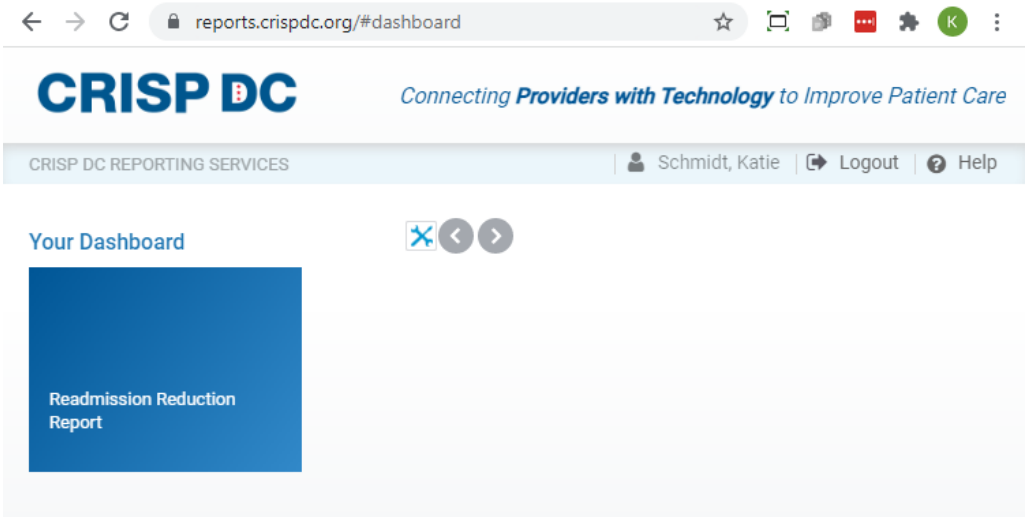
10/21/2021

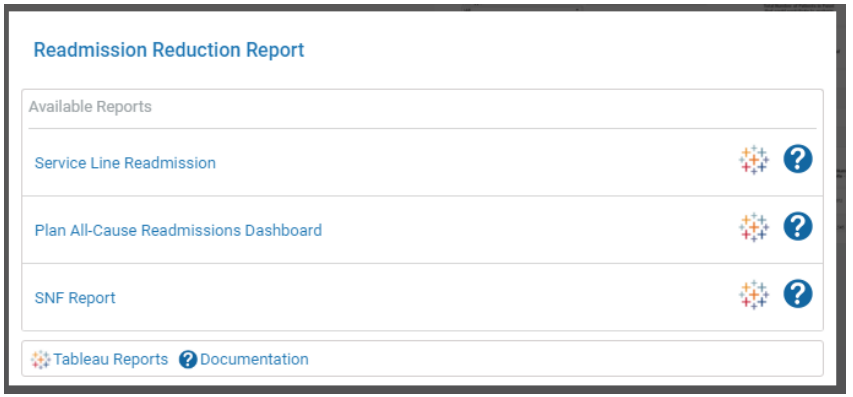
CRISP DC

hMetrix

Accessing the Reports

- Navigate to reports.crispdc.org





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1. Service Line Readmissions Report

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Service Line Readmission Report

Service Line Readmission Analysis

Index Hospital Name: Hospital A

Discharge Date: (All)

Index APR ServiceLine	Eligible Discharges	Readmissions	Percent Readmissions	Intra Readmissions	Intra Readmission Rate	Inter Readmissions	Inter Readmission Rate	Readmission Ratio(O/E)
Grand Total			16.3%		7.9%		8.4%	0.228
General Medicine			20.3%		9.9%		10.5%	0.262
Mental Health and S..			31.4%		9.5%		21.9%	0.399
Cardiology			23.8%		12.6%		11.2%	0.287
General Surgery			12.0%		8.8%		3.2%	0.173
Neurology			12.0%		5.5%		6.5%	0.169
Oncology			37.4%		31.8%		5.6%	0.445
Orthopedics			7.6%		4.7%		2.9%	0.113
Obstetrics			1.3%		1.0%		0.3%	0.025
Vascular Surgery			13.6%		9.9%		3.7%	0.172
Urology			14.7%		8.0%		6.7%	0.183
Cardiothoracic Surg..			15.7%		11.8%		3.9%	0.210
Plastic Surgery			8.6%		8.6%		0.0%	0.128
Trauma			7.6%		4.2%		3.4%	0.117
Otolaryngology (EN..			17.2%		10.3%		6.9%	0.233

Index Visit Service Line: All (Hospital A)

Index APR Code	Index APR Value	Eligible Discharges	Readmissions	Percent Readmissions	Intra Readmissions	Intra Readmission Rate	Inter Readmissions	Inter Readmission Rate	Readmission Ratio(O/E)
APR DRG 1		1,888	10	0.5%	7	0.4%	3	0.2%	0.010
APR DRG 2		779	11	1.4%	6	0.8%	5	0.6%	0.027
		726	265	36.5%	86	11.8%	179	24.7%	0.436
		680	86	12.6%	37	5.4%	49	7.2%	0.171
		654	213	32.6%	112	17.1%	101	15.4%	0.366

Index Visits : Hospital A

Readmit APR Code	Readmit Lead APR DRG Description	Readmissions	Intra Readmissions	Inter Readmissions
APR DRG 2		11	5	6
APR DRG 3		4	2	2
		4	2	2
		4	2	2
		4	0	4

Index Visit Service Line: All (Statewide)

Index APR Code	Index APR Value	Eligible Discharges	Readmissions	Percent Readmissions	Intra Readmissions	Intra Readmission Rate	Inter Readmissions	Inter Readmission Rate	Readmission Ratio(O/E)
APR DRG 1		4,413	32	0.7%	20	0.5%	12	0.3%	0.014
APR DRG 2		2,917	796	27.3%	268	9.2%	528	18.1%	0.335
		1,722	210	12.2%	87	5.1%	123	7.1%	0.167
		1,327	378	28.5%	177	13.3%	201	15.1%	0.328
		1,954	33	1.7%	22	1.1%	11	0.6%	0.032

Index Visits : Hospital A

Readmit APR Code	Readmit Lead APR DRG Description	Readmissions	Intra Readmissions	Inter Readmissions
APR DRG 2		41	23	18
APR DRG 3		6	3	3
		5	2	3
		9	2	7
		9	2	7

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2. Plan All-Cause Readmissions Report

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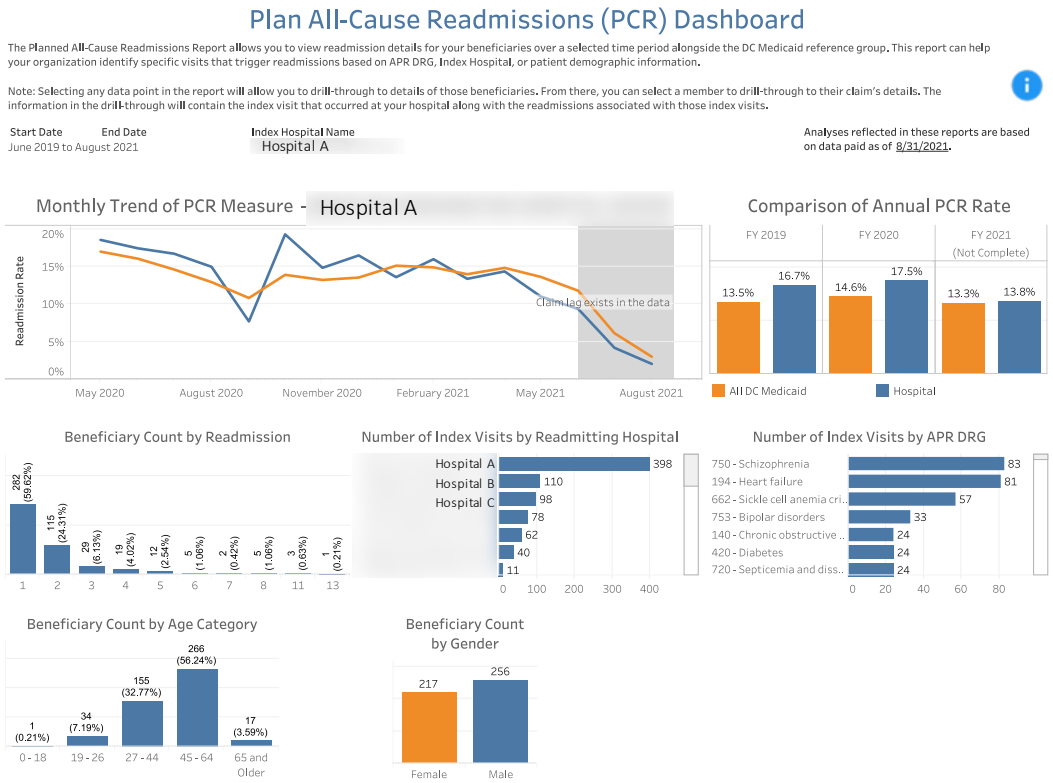
Plan All-Cause Readmissions Report



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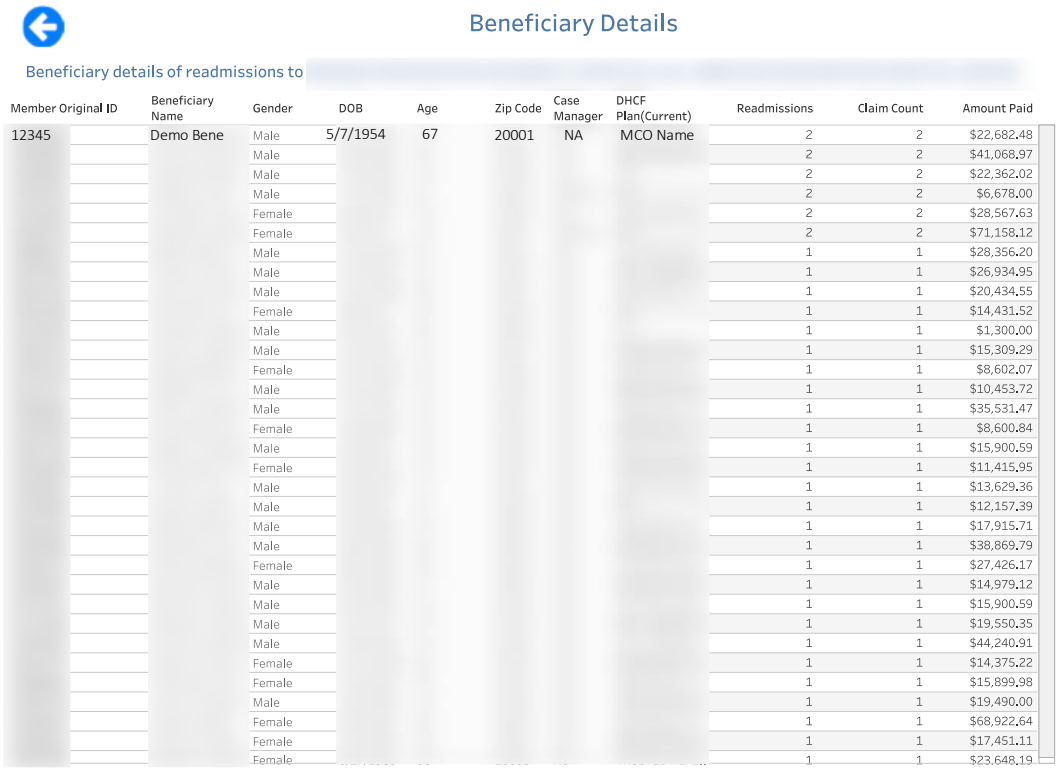
Plan All-Cause Readmissions Report: Beneficiary Drill-Through



Beneficiary Details

Beneficiary details of readmissions to

Member Original ID	Beneficiary Name	Gender	DOB	Age	Zip Code	Case Manager	DHCF Plan(Current)	Readmissions	Claim Count	Amount Paid
12345	Demo Bene	Male	5/7/1954	67	20001	NA	MCO Name	2	2	$22,682.48
		Male						2	2	$41,068.97
		Male						2	2	$22,362.02
		Male						2	2	$6,678.00
		Female						2	2	$28,567.63
		Female						2	2	$71,158.12
		Male						1	1	$28,356.20
		Male						1	1	$26,934.95
		Male						1	1	$20,434.55
		Female						1	1	$14,431.52
		Male						1	1	$1,300.00
		Male						1	1	$15,309.29
		Female						1	1	$8,602.07
		Male						1	1	$10,453.72
		Male						1	1	$35,531.47
		Female						1	1	$8,600.84
		Male						1	1	$15,900.59
		Female						1	1	$11,415.95
		Male						1	1	$13,629.36
		Male						1	1	$12,157.39
		Male						1	1	$17,915.71
		Male						1	1	$38,869.79
		Female						1	1	$27,426.17
		Male						1	1	$14,979.12
		Male						1	1	$15,900.59
		Male						1	1	$19,550.35
		Male						1	1	$44,240.91
		Female						1	1	$14,375.22
		Female						1	1	$15,899.98
		Male						1	1	$19,490.00
		Female						1	1	$68,922.64
		Female						1	1	$17,451.11
		Female						1	1	$23,648.19

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Plan All-Cause Readmissions Report: Claims Drill-Through

Claim Details

Member Ori..	Beneficiary Name	Claim Number	Index Hospi..	Claim From ..	Claim Throu..	Primary Dia..	APR DRG	Provider Na..	DHCF Plan	Eligible Dis..	Readmissio..	Amount Paid
12345	Demo Bene		Hospital A	10/1/2021	10/5/2021	S0266XB - F..	092 - Facial ..	Hospital A	MCO Name	1	1	$35,531.47
12345	Demo Bene		Hospital A	10/23/2021	10/25/2021	I70462 - AT..	305 - Ampu..	Hospital B	MCO Name	1	0	$20,006.18

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Community Resource Inventory (CRI) Subcommittee

Chair Ms. Luizilda de Oliveira (Board member) **Vice Chair** David Poms

Mission: Build the capacity of HIE stakeholders to share, find and use information about resources available to address health related social needs and improve health equity.

Purpose: Develop recommendations for consideration by the HIE Policy Board that are related to the use, exchange, sustainability, and governance of community resource directory data through the District HIE infrastructure.

Membership:

- **HIE Policy Board Members**: Dr Eric Marshall (Gerald Family Care), *[open seat]*
- **District CRI Data Stewards:** Stacey Johnson (Bread for the City), Luis Diaz (Criminal Justice Coordinating Council), Tamara Moore (Department of Aging and Community Living), Sabrina Tadele (Capital Area Food Bank), *Ariana Wilson (Maryland 2-1-1)*
- **Community Members:** Tommy Zarembka (Food & Friends)

CRI Subcommittee Responsibilities

- Evaluate the DC PACT CRI Action Team's recommendations for data maintenance, including systems to:
  - Standardize resource data terminologies and categories/taxonomies
  - Establish and evaluate operations related to resource data provision
  - Schedule resource data updates and other data maintenance processes
  - Facilitate a cooperative resource data management process
- Review and recommend prospective models for governance, financial and operational sustainability of the CRI infrastructure
- Review and recommend policy measures that can promote and support the operations of the CRI, such as procurement and service registries
- Support the evolution of CRI governance model and assess the timeline for integration into existing HIEPB committees

CRI Subcommittee Workplan

Activities	Timeframe	Progress
• Levelset of the CoRIE Project, CRI development, DC PACT CRI Action Team activities • Review the CRI Action Team's testing and evaluation strategies • Review technical models (service register, federated data exchanges, data utility)	**August-October 2021**	✓
• Evaluate style guide on standards, authority, access and taxonomy • Evaluate viability of technical models (register, federated, utility)	**November 2021-January 2022**	●
• Evaluate CRI Action team proposal for sustainability • Prepare final draft of data governance recommendations for HIE PB to adopt at April PB meeting	**February –April 2022**	●
• Continue business from previous quarters (if needed) • Memorialize inter-governmental collaboration on CRI via new rulemaking/MOU/etc. (if needed)	**May-July 2022**	●

DCPCA receives RWJ Data Across Sectors for Health Grant Award

- The Robert Wood Johnson Foundation Data Across Sectors for Health (DASH) developed the Learning and Action in Policy Partnerhips (LAPP) – a new national program to advance health, equity, and well-being through data sharing partnerships between communities and states.

- DCPCA submitted a proposal earlier this year and awards were announced in June 2021 - $100,000 for 12 months, option for 2nd year
  - DCPCA's proposal is to develop a CRI governance and sustainability strategy, policies and procedures that can be evaluated by the DC HIE Policy Board for adoption.

- The District (led by DCPCA) and grantees in 5 other states will be part of LAPP's first cohort and receive funding and technical assistance.

- Funding and TA will continue to support the development of the governance and business model of the CRI and will support the sustainability of the capabilities developed through the CoRIE Project.

https://dashconnect.org/lapp/

Robert Wood Johnson Foundation

Data Across Sectors for Health

Stakeholder Engagement Subcommittee

- The SE Subcommittee is beginning to develop a framework of training competencies for digital health technical assistance programs in the District.
- This framework may also serve to develop a more tech-enabled workforce of community health workers.
- The subcommittee aims to present this framework as a recommendation to the HIE Policy Board at the January Board meeting.

Policy Subcommittee

- The workplan for the coming year is in progress.

- Some topics for discussion at future subcommittee meetings may include:
  - Efforts to expand membership within the subcommittee in order to diversify representation
  - Growing overlap of work with OCE and Stakeholder Engagement Subcommittees
  - Development of policy for secondary use of HIE data based on results of the Secondary Use of Health Information Self-Assessment Checklist that was distributed to the registered HIE entities

Public Comments

- **Allocated Time:** 4:45-4:55 PM (10 mins.)

Announcements/ Next Steps/ Adjournment

- **Allocated Time: 4:55 – 5:00 PM** (5 mins.)

Next DC HIE Policy Board Meeting – Pending 2022 Scheduling